

ISSUE SLIP STAPLE AREA (for additional cross references)

**BEST AVAILABLE COPY**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	96.		2/5/89
O.I.P.E. CLASSIFIER		25	02-09-99
FORMALITY REVIEW	lw	67479	2-16-99

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	9/14/86
2	9/14/86
3	9/14/86
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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